| Case 2:07-cv-00333 SECTION DOCUME SENDER: COMPLETE THIS SECTION DOCUME Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Active Addressed to: Addressed to: Cap | A. Signature A. Signature A. Signature A. Signature A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: No A. Service Type C. Cate of Delivery Addressee D. Service Type C. Date of Delivery Addressee Addressee |
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| 2. Article Number (Transfer from ser 7006 2760 000 PS Form 3811, February 2004 Domestic 6 | 05 4873 2410 |